JAN 3 0 7005 PTO/SB/21 (08-03) Approved for use through 08/30/2003. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
are required to respond to a collection of information unless it displays a valid OMB control number. **Application Number** 10/787,346 **TRANSMITTAL** Filing Date 2/26/2004 **FORM** First Named Inventor DECKER, Scott R. Art Unit 2813 (to be used for all correspondence after initial filing) **Examiner Name** LAWRENCE, Frank M. Attorney Docket Number 12 ENV015/108304 Total Number of Pages in This Submission

ENGLOSUPES									
ENCLOSURES (Check all that apply)									
\	Fee Transmittal Form	✓ Drawing(s)	After Allowance communication to Technology Center (TC)						
	Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53	Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) Remarks	Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below):						
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT									
Firm or Individual name Richard P. Stitt Signature									
Date January 26, 2006									
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CERTIFICATE OF TRANSMISSION/MAILING									
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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Complete if Known					
			Application Number	10/787,346				
FEE TRAN	1214	IIIAL	Filing Date	2/26/2004 DECKER, Scott R.				
For FY	2005	j	First Named Inventor					
A!	atus Cas	27 CED 4 27	Examiner Name	LAWRENCE, Frank M.				
Applicant claims small entity st	atus. See	3/ CFR 1.2/	Art Unit	2813				
TOTAL AMOUNT OF PAYMENT (\$)		\$510.00	Attorney Docket No.	ENV015/108304				
METHOD OF PAYMENT (check all that apply)								
X Check Credit Card Money Order None Other (please identify):								
X Deposit Account Deposit Account Number: 12-1660 Deposit Account Name: Shughart Thomson & Kilroy								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
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FEE CALCULATION								
A BASIC SILING SEARCH AND EXAMINATION FEES								

FEE CALCULATION									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
·	FILING	FILING FEES		SEARCH FEES		TION FEES			
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)		
Utility	300	150	500	250	200	100	0-		
Design	200	100	100	50	130	65			
Plant	200	100	300	150	160	80			
Reissue	300	150	500	250	600	300			
Provisional	200	100	0	0	0	0			
2. EXCESS CLAIM Fee Description Each claim over Each independer Multiple depende	20 (including R nt claim over 3 (Fee (\$) 50 200 360	Small Entity Fee (\$) 25 100 180						
Total Claims			aid (\$)			ependent Claims			
- 20 or I		X	= =			<u>Fee (\$)</u>	Fee Paid (\$)		
HP = highest number of total claims paid for, if greater than 20. Indep. Claims									
3. APPLICATION S If the specification listings under 3	IZE FEE	exceed 100 s), the applica	heets of pape tion size fee	due is \$250	(\$125 for sm	ly filed seque all entity) for	ence or computer reach additional 50		

510.00 Other (e.g., late filing surcharge): 3-Month Extension of Time SUBMITTED BY Registration No. 35,693 (Attorney/Agent) Telephone 816-421-3355 Signature Date | Name (Print/Type) Richard P. Stitt

(round up to a whole number)

sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof

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